



Working
Wonders

Paediatric National Inpatient Medication Chart Report 2009

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History...

- Retrospective medication chart audit at RCHB in 2002:
 - 54% of charts included weight
 - 25% of charts included allergy
 - 25% of charts illegible
- Many different charts in use
- Draft/pilot charts in use for many years
- Concerns regarding omissions & duplications

RCHB solution...

- Introduction of a medication chart review working party in Feb 2003
 - Medical, nursing, pharmacy
- Safety Innovations in Practice Program MkII funding obtained
 - Project officer

Project methodology...

- Obtained copies of charts from other paediatric hospitals and Brisbane Southside Collaborative
- Reviewed local incident reports
- Drafted, trialled, introduced and audited a pilot chart in 2003
 - Laminated desktop “cheat sheets” for nursing stations
 - Education, education, education
 - Predominantly face-to-face
 - (No written implementation package/guidelines)
- Modified chart based on clinician feedback
- Re-audited twice in 2004

National collaboration...

- Children's Hospitals Australasia (CHA) introduced a Medication Safety Expert Reference Group
 - Multidisciplinary, national
- April 2004 CHA hosted a Medication Safety Clinical Forum in Queensland
 - Action: *“CHA should become a stakeholder in the production of a standardised paediatric medication chart”*

Specific concerns for paediatrics

- Space for mg/kg dose
- Warfarin/variable dose section irrelevant
- Space for body surface area
- Space for double signatures
- Space to write administration advice

Progress...

- Videoconference to discuss specific concerns in detail
- Concept of paediatric version of the NIMC approved by ACSQHC
 - Focus on specifically paediatric differences
- “National” paediatric chart developed as consensus with CHA members
- Trialled at RCHB in early 2005
- Results (audit & clinician feedback) reported to CHA

Differences...

- Paed Chart
 - 7.5 days
 - Dose calculation
 - Additional information section
 - Space for double signatures
 - 10 regular drug boxes
 - Surface area
- Adult NIMC (Qld)
 - 10.5 days
 - No dose calculation
 - No space for additional information
 - No space for double signatures
 - 10 regular plus variable and warfarin
 - No surface area

Further Developments...

- Continued refinement of chart based on audit results & feedback
- Adelaide WCH trialled chart early 2007

CHA Meeting 2007

- Adelaide & Brisbane results presented
- Changes agreed:
 - Reduce clutter to make more “friendly”
 - Reduce days from 7.5 to 5.5
 - Reduce number of regular drugs from 10 to 8
 - Reduce number of once daily & PRN drugs
 - Add telephone orders section
 - Add gestational age
 - Introduce long stay chart

Additional charts RCHB

- “Add-on charts”
 - Add to back of the main chart to make a “book”
- Perioperative chart
 - Pre-meds
 - Postoperative N&V
 - Postoperative analgesia
- Regular meds
- PRN meds
- Once only meds
- Inhalation chart

Challenges during implementation

- Medical Officer annotating administration times versus RN
 - Initial resistance, but now common practice
 - 0.5 incorrect times per 100 orders for medical officers
 - 2.8 incorrect times per 100 order for Registered Nurses
- Completion of dose calculation and indication
 - Sporadically completed
 - Routinely used to identify dosing errors
- Writing patient name underneath UR sticker
 - Previous hospital policy to sign UR sticker

Current training & education

- Medical Officers:
 - Introduced during undergraduate medical training
 - Adult and paed NIMC
 - “Safe Prescribing in Children” tutorial
 - Key points reinforced RMO orientation
- Registered Nurses:
 - Discussed in detail during RN orientation
- Pharmacists
 - Hands on tutorial during intern training
 - Interns assist with auditing

Hospital wide communication

- Medication Safety Committee
 - Assist with auditing
 - Reports
 - Review of incidents and interventions
- Changes to chart communicated via staff newsletter & email

Conclusion – Qld experience

- Working well in general
 - Various sites across Queensland
- Fluctuations in documentation very dependant on pharmacist workload, experience & resourcing
- Easier to train now as introduced early in training
- Requires consistent role-modelling by senior clinicians